

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036451

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149
FILED OCT 7 1963

Primary Registration District No. 1002

Registrar's No.

5125

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b since 1903		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) 5108 Grand	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Dr. JOHN O. SKINNER			4. DATE OF DEATH Month Day Year September 16, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-11-1880
9. AGE (last birthday) 83	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician & Surgeon		
10b. KIND OF BUSINESS OR INDUSTRY Medicine		11. BIRTHPLACE (City and state or country) Spring Hill, Kansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME James R. Skinner	
14. MOTHER'S MAIDEN NAME Harriott Breese		15. NAME OF HUSBAND OR WIFE Laura Skinner	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes Navy		17. SOCIAL SECURITY NO. [redacted]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardiosis DUE TO (b) Pulmonary Emphysema DUE TO (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH month year decade	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sciatica from Degenerative Osteoarthritis 1957			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY* Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from August 19, '63 to Sept 16, '63 and last saw him alive on Sept 16, 1963 Death occurred at 11:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. Glenn Elliott		22b. ADDRESS 1402 Bryant St KC6 Mo	
22c. DATE SIGNED 18 Sept 63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-19-63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home		25. DATE RECD. BY LOCAL REG. 9-19-63	
26. REGISTRAR'S SIGNATURE Beattie Smith		26. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Glenn Elliott MEDICAL CERTIFICATION

RECEIVED
2518

Dr Elliott will be in Wed
night to sign

Pr

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 4641

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.